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CONFIRMATION NO. 3860

<b>SERIAL NUMBER</b> 09/509,408	<b>FILING DATE</b> 03/27/2000  <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2686	<b>ATTORNEY DOCKET NO.</b> 112740-421	
<b>APPLICANTS</b> KLAUS MALER, MUNCHEN, GERMANY; <div style="text-align: right; margin-right: 50px;"><i>Nm</i></div>					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE98/02803 09/21/1998 <div style="text-align: right; margin-right: 50px;"><i>Nm</i></div>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 197 42 580.1 09/26/1997 <div style="text-align: right; margin-right: 50px;"><i>Nm</i></div>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/22/2000</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after mat Verified and Acknowledged <i>W. R. H. H. Nm</i> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Examiner's Signature</span> <span>Initials</span> </div>		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 29177 BELL, BOYD & LLOYD, LLC P. O. BOX 1135 CHICAGO, IL 60690-1135					
<b>TITLE</b> COMMUNICATION TERMINAL FOR WIRELESS COMMUNICATION WITH TRANSMITTING/RECEIVING STATIONS IN VARIOUS COMMUNICATION SYSTEMS					
<b>FILING FEE RECEIVED</b> 840.	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees                 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )                 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )                 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )                 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____                 </div>		